

ROCKDALE COUNTY



SPECIAL EVENT PERMIT APPLICATION

UNIFIED DEVELOPMENT ORDINANCE

TITLE II, SECTION 218-2

DEPARTMENT OF PLANNING AND DEVELOPMENT

958 Milstead Avenue
Conyers, Georgia 30012

Phone: 770-278-7100
Fax: 770-278-8940
www.rockdalecountyga.gov

**APPLICATION MUST BE SUBMITTED TO THE DEPARTMENT OF
PLANNING & DEVELOPMENT AT LEAST THIRTY DAYS PRIOR TO THE
START OF THE EVENT**

The Department of Planning and Development, **not the applicant**, is responsible for circulating this application to the reviewing departments.

FEE: \$30.00 (NONREFUNDABLE)

Today's Date: _____

EVENT:

Location of Event: _____

Type and Purpose of Event: _____

Date of Event: _____ to _____
(Limited to a maximum of 10 consecutive days)

Time of Event: From _____ AM/PM to _____ AM/PM

Estimated Number of Attendees: _____

MAP:

Provide a map, attached to this application, of the event location to delineate boundaries as required in 218-2(b)(2)(b).

APPLICANT:

Applicant's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

If the Special Event activity takes place on private property or on Rockdale County public property including public streets, sidewalks, rights-of-way or parks, and is expected to affect the ordinary use of such property through impacts such as street closings, unlawful parking, impeding emergency access, unsanitary conditions, blocking ingress and egress to private property, and similar impacts, except as exempted under Section 218-2 (1), provide the information requested on the following pages.

OWNER:

Please attach a copy of written letter of approval from the property owner.

Owner's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

HOMEOWNERS ASSOCIATION:

Please attach a copy of written letter of approval from the Homeowners Association.

President's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

If located on Rockdale County public property, provide the following information:

ROCKDALE COUNTY PUBLIC PROPERTY:

Please attach a copy of written agreement from sponsor.

Sponsor's Name (if any) : _____

Sponsor's Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

	Yes ✓	No ✓
Will you need temporary power during the event?		
Will you provide First Aid?		
Will you provide restroom facilities? If so, indicate location of restroom facilities on event location map.		
Will you provide trash receptacles? If so, indicate location of trash receptacles on event location map.		
Will there be vendors? If so, please provide a list of all vendors and products vendors will be selling.		
Will there be <i>more than one</i> temporary sign posted to advertise the event? One sign is included with the Special Event Permit fee. If more than one sign is requested, please complete the Temporary Sign Application.		
What arrangements have you made for parking vehicles?		
Will you need the aide of a Sheriff's Deputy for traffic control? Please provide the name and badge number of the officer who will handle traffic control. _____		
Will food and beverages be provided? If so, please provide details. _____ _____		

IF THE SPECIAL EVENT IS TO BE LOCATED ON PUBLIC PROPERTY, OBTAIN AND MAINTAIN FOR THE DURATION OF THE SPECIAL EVENT COMPREHENSIVE GENERAL LIABILITY INSURANCE IN A MINIMUM AMOUNT OF \$500,000 COMBINED LIMITS FOR BODILY INJURY AND/OR PROPERTY DAMAGE THAT NAMES ROCKDALE COUNTY AS AN ADDITIONAL NAMED INSURED. PLEASE PROVIDE A COPY OF THE INSURANCE CERTIFICATE.

FALSE OR MISREPRESENTED STATEMENTS CONTAINED IN THIS APPLICATION WILL CONSTITUTE REVOCATION OF ANY LICENSE PURCHASED, AND LICENSE WILL BE REVOKED. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ITEMS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT STATEMENTS.

Signature of Applicant: _____

INDEMNIFICATION

I, _____, shall hold Rockdale County, its officers, employees, and agents harmless from any liability for property damage or bodily injury, including death, which may arise from any acts or omissions emanating from a special event located on or involving any portion of public property. *I also recognize that this permit does not authorize violation of any Federal, State of Georgia, or Rockdale County ordinance or regulation.*

Signature of Applicant: _____

Name of Event: _____

ROCKDALE COUNTY SHERIFF'S OFFICE:

Will the event require traffic and crowd control? _____

Conditions of approval: _____

Approval: _____ Date: _____

ROCKDALE COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH:

Will outdoor toilet facilities be required? _____ How many? _____

Will any food or drink products be served? _____

If so, please describe:

Will temporary garbage receptacles be required? _____

If so, how many will be required? _____

Conditions of approval: _____

Approval: _____ Date: _____

ROCKDALE COUNTY FIRE DEPARTMENT:

Conditions of approval: _____

Approval: _____ Date: _____

PERMIT ISSUANCE:

ROCKDALE COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT:

Conditions of approval: _____

Approval: _____ Date: _____

THIS SPECIAL EVENT PERMIT WAS ISSUED ON: _____